



Paperless Provider Feature (PPF):

User Manual

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Introduction to the Paperless Provider Feature (PPF)

Paperless Provider Feature (PPF) was specifically developed by Ensocare to create efficiency in the discharge process for the registered facilities nationwide. Paperless Provider Feature was developed to:

- Increase patient/family satisfaction with the patient's transition from the hospital to the facility
- Facilitate the referral process between providers and hospitals by minimizing faxing and other clerical duties
- Create an opportunity for real-time communication between providers and hospitals allowing patient referrals and clinical information provided by discharge planners to be immediately available to providers
- Increase accurate and immediate communication between providers and the hospitals during the transition process

Logging In



1. Type the following web address into the address bar: <https://carefinderpro.com> Note: Do not connect using Google or Yahoo.
2. If you are a new user, contact the ENSOCARE Customer Support Team at 1-877-852-8006 to create an account.
3. Click the *Provider Log In* link.
4. Enter your Username and Password and click *Login*.
5. This will bring you to the Referral Listing page.

My Account



My Account
TLC Test ALF

Home

Please edit your account details, then press the [update](#) button below.
If you have any questions, please contact [TLC Customer Support](#) or call 877-852-8006.

* Required Field

Personal Information

* First Name:	Annie
* Last Name:	Lu
* Email:	emilyh@tlchoices.com
Phone:	
(Digits only, please. Ex.: 2067092801)	
* Pager:	5555555555
* Network:	Verizon - Cell
* Fax:	8888762749

Login Information

* Username:	Annie
* Password:	
* Re-type Password:	

Notifications

Please choose how you would like to be notified of new referrals.

<input type="checkbox"/> Text message/page
<input checked="" type="checkbox"/> One-page fax

[Update](#)

From the Referral Listing page, click on the *My Account* button located in the upper left hand corner of the page. In the My Account page, you can update your personal and log in information and specify how you would like to receive referral notifications. You can access this page at any time to update your information.

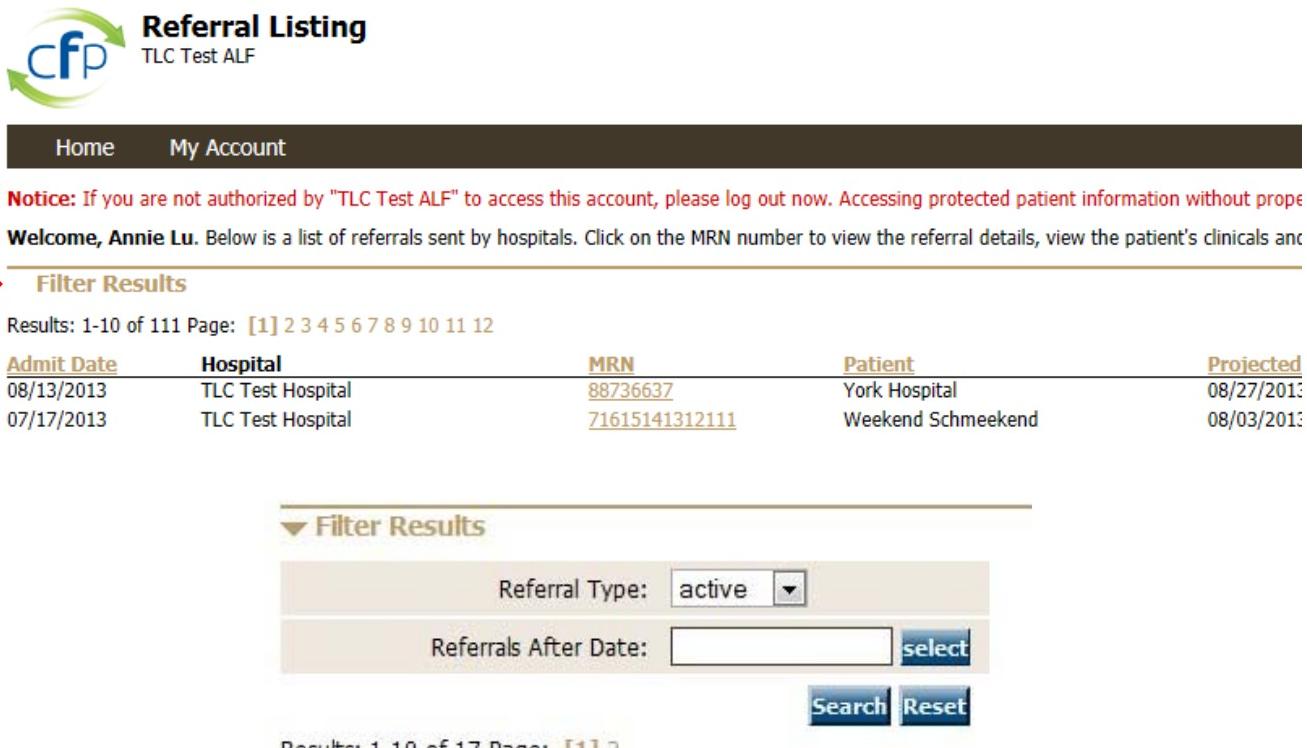
Note: Required fields are marked with an asterisk (*)

1. Personal Information:
 - a. First and Last Name
 - b. Email
 - c. Phone number
 - d. Pager or cell number and network (select from the dropdown list)
 - e. Fax number to receive the one-page notification

2. Login Information:
 - a. Username (providers can receive as many usernames as necessary by contacting ENSOCARE Customer Support Team at 1-877-852-8006)
 - b. Password (your password must be entered twice on this page)

3. Notifications:
- Choose at least one option for referral notification. You have the option to receive either a text message or a one-page fax or both.
 - Click on the *Update* button to save changes and return to the Referral Listing page. If you click on the *Home* link in upper left corner first, your information will not be saved.

Referral Listing – Home Page



Referral Listing
TLC Test ALF

Home My Account

Notice: If you are not authorized by "TLC Test ALF" to access this account, please log out now. Accessing protected patient information without proper authorization is illegal and can result in criminal charges.

Welcome, Annie Lu. Below is a list of referrals sent by hospitals. Click on the MRN number to view the referral details, view the patient's clinicals and treatments.

Filter Results

Results: 1-10 of 111 Page: [1] 2 3 4 5 6 7 8 9 10 11 12

Admit Date	Hospital	MRN	Patient	Projected Discharge Date
08/13/2013	TLC Test Hospital	88736637	York Hospital	08/27/2013
07/17/2013	TLC Test Hospital	71615141312111	Weekend Schmeeekend	08/03/2013

▼ Filter Results

Referral Type:

Referrals After Date:

Results: 1-10 of 111 Page: [1] 2 3 4 5 6 7 8 9 10 11 12

The Referral Listing page will initially list your active referrals by default. Multiple pages of referrals can be viewed by clicking on the page number links directly above "Admit Date" to view subsequent pages.

- The list of referrals can be sorted by clicking on the following links in the gold bar; *Admit Date*, *MRN*, *Patient*, *Projected Discharge Date*, *Last Activity*, and *Location*.
- Search for *active*, *inactive* or *all* referrals by clicking on the **Filter Results** drop down at the top left of page and click on the **Search** button. To search by Referrals After Date you can click on the **Select** button for a calendar pop-up. Enter in an admission date and click the **Search** button to view all patients that have been referred to the provider on or before this date.

Click on the gold patient *MRN* link to access the referral information on the Sending Response page.

Sending a Response

Send a Response
Patient: TestCopyPaste
Hospital: TLC Test Hospital

Home Referral List Refresh Print Log out

You are logged in as **TLC Test ALF**. If this is the incorrect facility, please log out and contact the [technical support](#).

This is a referral from **TLC Test Hospital**. Please review the following information, check the appropriate box to indicate whether you can provide services for the patient listed above. Additional clinical documents may be attached for you to review. Check the [Inquiry History](#) below to view the patient's clinical documents.

Select Response			Patient Details
<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="CONSIDERING"/>	Referral ID: Medical Record Number(MRN): 156465415 Patient Name: TestCopyPaste Patient Gender: F Patient Age: 92 Admission Date: 04/03/2013 Discharge Range: 04/05/2013 - 04/06/2013 Location: N/A Discharge Planner: RentalNeville Contact Phone: 4026011985 Hospital: TLC Test Hospital Diagnosis Group: Medical Payment Type: Medical Medical Requisites:

Hospital Discharge Notes
DC expected 4/26/13

Inquiry History

Sent Bed Inquiry (2 pages) - 04/24/2013 9:10:53 am
Clinical Documents Available: [Download All Pages](#) [Show Thumbnails](#)

Sent Bed Inquiry (2 pages) - 04/24/2013 9:03:59 am
Clinical Documents Available: [Download All Pages](#) [Show Thumbnails](#)

The section to the right provides the basic patient information. Patient information is entered by the discharge planners at the hospital into the CareFinder-Pro® system. This information is sent to selected providers through PPF. Please make sure to review the referral details before filling out the response form.

Inquiry History

10/14/2011 11:44:04 am
Sent Bed Inquiry (24 pages)

[Download All Pages](#)

Response: No
01/18/2012 3:52:11 pm
No Male Beds

Response: No
01/11/2012 5:49:01 pm
Unable To Meet Needs

► [Show Clinicals: Received Via Fax](#)

At the bottom of this section you will see all Inquiry History, clinical information and orders inquiries sent on behalf of the discharge planner. "Your Responses" are the responses given by the provider. Responses are tracked in the system by date and time.

Click on the tan links to view clinical information sent from the hospital.

1. **Download All Pages:** Generates a PDF file that is easily printed.
Note: Only one PDF file can be open at one time.

2. *Show/Hide Thumbnails:* Using this link, documents can be magnified and rotated.

Inquiry History 01/16/2012 4:42:44 pm Sent Bed Inquiry (0 pages) 10/27/2011 1:47:49 pm Sent Bed Inquiry (0 pages) 09/29/2011 3:13:07 pm Sent Clinicals (2 pages) Download All Pages	Patient Gender: F Patient Age: 23 Admission Date: 08/02/2011 Discharge Range: 08/18/2011 - 08/23/2011 Location: N/A Discharge Planner: KatiProuty Contact Phone: N/A Hospital: TLC Test Hospital Diagnostic Group: G
► Show Clinicals: Dialysis Referral	
09/28/2011 9:38:37 am Sent Bed Inquiry (0 pages) 09/28/2011 9:23:01 am Sent Bed Inquiry (0 pages)	

Sending Response (cont..)

 Send a Response Patient: TestCopyPaste Hospital: TLC Test Hospital	<div style="background-color: #333; color: white; padding: 5px 0;"> Home Referral List </div> <p>You are logged in as TLC Test ALF. If this is the incorrect facility, please log out and contact the technical support.</p> <p>This is a referral from TLC Test Hospital. Please review the following information, check the appropriate box to indicate whether you can provide services for the patient listed above. Additional clinical documents may be attached for you to view the patient's clinical documents.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Select Response Patient Details </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <input checked="" style="background-color: #2e7131; color: white; padding: 2px 10px; margin-right: 10px; border: none; font-weight: bold; font-size: small;" type="button" value="YES"/> <input style="background-color: #d3d3d3; color: black; padding: 2px 10px; border: none; font-weight: bold; font-size: small;" type="button" value="NO"/> <input style="background-color: #d3d3d3; color: black; padding: 2px 10px; border: none; font-weight: bold; font-size: small;" type="button" value="CONSIDERING"/> Referral ID: Medical Record Number(MRN): 156465415 Patient Name: TestCopyPaste Patient Gender: F Patient Age: 92 Admission Date: 04/02/2013 Discharge Range: 04/05/2013 - 04/06/2013 Location: N/A Discharge Planner: RenitaNeville Contact Phone: 4026517985 Hospital: TLC Test Hospital Diagnostic Group: Medical Payment Type: Medical Requisites: </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> We can accept this placement Please select a date below, select whether you would like a follow-up phone call, then click the Next Button below. <input type="checkbox"/> Request a follow-up by phone <div style="margin-top: 10px;"> <input type="checkbox"/> 04/05/2013  <input type="checkbox"/> 04/06/2013 </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> Comments Facility Comments: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <input style="background-color: #d3d3d3; color: black; padding: 2px 10px; border: none; font-weight: bold; font-size: small;" type="button" value="Reset Response"/>  </div> <div style="text-align: center; margin-top: 10px;"> <input style="background-color: #2e7131; color: white; padding: 5px 15px; border: none; font-weight: bold; font-size: small;" type="button" value="Next"/> </div>
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Discharge Range dates are listed either to the right under **Patient Details** or once you select a response of yes, the available dates are listed for you to choose.

Responses

After determining if you can or cannot accommodate the patient, or find that you need more information to make the proper assessment, click the buttons on the Referral Details page that best matches your decision. You can change your reply at any time by accessing the patient referral from the Referral Listing page and repeating the response process from the Sending Response page. The Discharge Planner will receive a notification of the change.

✓ YES –

A list of dates for the patient acceptance is provided. Check at least one date to indicate when a patient can be accommodated.

✓ NO –

A list of reasons is provided to advise the discharge planner why you cannot accept the patient.

✓ CONSIDERING –

A list of reasons is provided to advise the discharge planner why you are considering the patient. There are also timeframe boxes to indicate when you expect to send your response.

Note: When you are considering a patient or know the patient cannot be accommodated, you will check all reasons that apply in the appropriate section for your facility or agency.

Note: All 3 responses have an option checkbox to request a telephone call from the discharge planner to discuss the patient further.

Comments section: This is a text box available for any additional questions or comments to the discharge planners.

- Click the *Next* Button to continue to the Confirmation Screen.
- Click the *Reset* Button to clear your response.

Confirm Response

 **Confirm Response**
Patient: Test CopyPaste

Home Referral Listing Referral Form

Please review the response details below and click "Confirm Send" button send response to the hospital. If you have any questions, please contact [TLC Customer Support](#) or call 877-852-8006.

Referral ID: 106203
Response Action: AVAILABLE
Accepted Date: Sat 04/06/13
Please Also Call Me: NO
Facility Comments:
Send this response for patient: Test CopyPaste

After submitting your response, the information will automatically update the CareFinder Pro system and notify the discharge planner. Your responses can be changed or updated through the PPF if your bed availability changes.

The Confirm Response page provides a summary overview of what the discharge planner will be receiving.

If the information needs to be changed, click *Back* to return to the previous page and edit your response.

Click *Confirm Send* to submit the response to the Care Finder-Pro system.